POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	20305	9-19-00
O.I.P.E. CLASSIFIER		72	9/1
FORMALITY REVIEW	DM	02223	10/17/00
RESPONSE FORMALITY REVIEW			11/30/00

Aug 31, 1999

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
– (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

CANON

Claim Final	Original	Apr/26,2004	Date
1 ÷	(circled)	✔	
2 ÷	O		
3 ÷	✔		
4 ÷	N		
5 ÷	N		
6 ÷	O		
7 ÷	N		
8 ÷	O		
9 ÷	N		
10 ÷	O		
11 ÷	O		
12 ÷	O		
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16 ÷	O		
17 ÷	O		
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21 ÷	O		
22 ÷	O		
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25 ÷	N		
26 ÷	N		
27 ÷	N		
28 ÷	N		
29 ÷	N		
30 ÷	N		
31 ÷	N		
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33 ÷	N		
34 ÷	N		
35 ÷	N		
36 ÷	N		
(37) ÷	N		
(38) ÷	N		
39 ÷	N		
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Claim Final	Original	Date
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Claim Final	Original	Date
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If more than 150 claims or 10 actions staple additional sheet here

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